2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 21, 2001 8:00 am Secretary of State DOCUMENT # F95000004874 1. Entity Name 08-21-2001 90003 020 ***550 00 **NEWHOUSE BROADCASTING CORPORATION** Principal Place of Business Mailing Address 5015 CAMPUSWOOD DRIVE 5015 CAMPUSWOOD DRIVE E. SYRACUSE NY 13057 E. SYRACUSE NY 13057 2. Principal Place of Bysiness 6005 Fair Lakes Road 3. Mailing Address . 6005 Fair Lakes Road Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For East 15-0523195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 305 1305 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE (5/01) ☐ Addition NAME NEWHOUSE, DONALD E NAME STREET ADDRESS NEWARK LEDGER/ STAR LEDGER PLAZA STREET ADDRESS CITY-ST-ZIP NEWARK NJ 07101 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MIRON, ROBERT J NAME STREET ADDRESS **5015 CAMPUSWOOD DRIVE** STREET ADDRESS CITY-ST-ZIP E. SYRACUSE NY 13057 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NEWHOUSE, SAMUEL I III NAME STREET ADDRESS **30 JOURNAL SQUARE** STREET ADDRESS CITY-ST-7IP JERSEY CITY NJ 07306 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWHOUSE, \$ 1 JR NAME NAME STREET ADDRESS FOUR TIMES SQ. STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10036 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP 13. I hereby certify that the information. powed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ndicated on this report or supp ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachr

Date

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR